

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7/6/95

2 Serial/Patent # 08/462148

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT



Filing

4/5/95

\$ 240-

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT
OF REFUND

\$ 240-

8 TO BE REFUNDED BY:

10 REASON:

☒ Treasury Check

☒ Credit Deposit A/C #:

9 08--3255

☒ Overpayment

Duplicate Payment

No Fee Due (Explanation):

**Paid fee multiple claims
and there wasn't a need.**

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Kaya Lewis

TITLE: Examiner

SIGNATURE: Kaya Lewis

PHONE: 308-3751

OFFICE: ONE STOP ONE ONAR

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: Gudrey Guyman

DATE: 7/24/95

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B